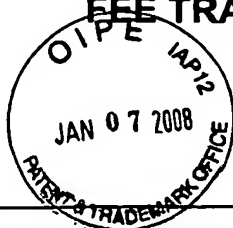


FEE TRANSMITTAL



Complete if Known

Application No. 10721,928
 Filing Date November 24, 2003
 First Named Inventor Christopher M. Anderson
 Group Art Unit 1795
 Examiner Name Bruce F. Bell
 Atty. Docket Number U74.12-0070-PA-0001908-US

Total Amount of Payment \$2,630.00

METHOD OF PAYMENT (Check One)

1. ☒ The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No. 11-0982. Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed.

2. ☒ Check Enclosed

FEE CALCULATION

1. BASIC FILING FEE

Appn. Type	FILING FEE		SEARCH FEES		EXAM FEES	
	FEE/SMALL	FEE/SMALL	FEE/SMALL	FEE/SMALL	FEE/SMALL	FEE/SMALL
Utility	310 / 155	510 / 255	210 / 105	—	—	—
Design	210 / 105	100 / 50	130 / 65	—	—	—
Reissue	310 / 155	510 / 255	620 / 310	—	—	—
Provisional	210 / 105	-0- / -0-	-0- / -0-	—	—	—

Subtotal (1) \$00.00

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Fee Paid Below	Fee Paid
Total	26	34	= 0 x	0 =	0
Indep.	6	6	= 0 x	0 =	0
Multiple Dependent Claims			*	=	*

**Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity Fee		Small Entity Fee		Description
Code	Fee (\$)	Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	210	2201	105	Independent claims in excess of 3
1203	370	2203	185	Multiple Dependent Claim
1204	210	2204	105	Reissue Independent Claims Over Original Patent
1205	50	2205	25	Reissue claims in excess of 20 and over original patent

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 small) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

\$00.00

Subtotal (2) \$00.00

FEE CALCULATION (Continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee paid
1051	130 2051 65	Surcharge - Late filing fee or oath	*
1052	50 2052 25	Surcharge - late provisional filing fee or cover sheet	*
1053	130 1053 130	Non-English specification	*
1812	2,520 1812 2,520	For Filing a Request for Reexamination	*
1251	120 2251 60	Extension for reply within first month	*
1252	460 2252 230	Extension for reply within second month	*
1253	1,050 2253 525	Extension for reply within third month	1,050
1254	1,640 2254 820	Extension for reply within fourth month	*
1255	2,230 2255 1,115	Extension for reply within fifth month	*
1402	510 2402 255	Filing a brief in support of an appeal	*
1403	1,030 2403 515	Request for oral hearing	*
1814	130 2814 65	Terminal Disclaimer Fee	*
1452	510 2452 255	Petition to revive - unavoidable	*
1453	1,540 2453 770	Petition to revive - unintentional	1,540
1501	1,440 2501 720	Utility/Reissue issue fee	*
1502	820 2502 410	Design issue fee	*
1464	130 1464 130	Petitions to the Commissioner	*
1807	50 1807 50	Petitions related to provisional applications	*
1806	180 1806 180	Submission of Information Disclosure Statement	*
8021	40 8021 40	Recording each patent assignment per property (times number of properties)	40
1801	810 2801 405	Request for Continued Examination (RCE)	*

Other fee (specify)

Repln. Ref: 05/21/2008 CKHLOK 0008405500

Pat: 110982 Name/Number: 10721928

PL: 9204

\$1050.00 CR

Subtotal (3) \$2,630.00

Signature David R. Fairbairn

Reg. No. 26,047

Date 1/7/08

Deposit Account No. 11-0982

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>05/19/08</u>		2 Serial/Patent # <u>10/721,928</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
X	Extension of Time	wfee	01/07/08	\$ 1,050.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 1,050.00								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	X Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>1</td><td>--</td><td>0</td><td>9</td><td>8</td><td>2</td> </tr> </table>			1	1	--	0	9	8	2
1	1	--	0	9	8	2					
X	No Fee Due (Explanation):										
Extension submitted after extendable period.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Petitions Examiner</u>									
SIGNATURE: <u><i>Sherry D. Brinkley</i></u>		PHONE: <u>2-3204</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>CKhbk</i></u>		DATE: <u>5/21/08</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: